Application Data Sheet

Application Information

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of Copies of CDs::

Sequence Submission?:: None

Computer Readable Form (CRF):: No

Number of copies of CRF:: 0

Title:: SWITCHED-MODE POWER SUPPLY

Attorney Docket Number:: 02P18560

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 3

Small Entity?:: No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Gov't Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: ITALY

Status:: Full Capacity

Given Name:: PAOLO

Middle Name::

Family Name:: DE ANNA

City of Residence:: RIESE PIO X

State or Province of TREVISO

Residence::

Country of Residence:: ITALY

Street of Mailing QUART. CORAZZA 28

Address::

City of Mailing Address:: RIESE PIO X

State or Province of Mailing Address:: TREVISO

Country of Mailing Address:: ITALY

Postal or Zip Code of Mailing Address:: 31039

Applicant Authority Type:: Inventor

Primary Citizenship Country:: ITALY

Status:: Full Capacity

Given Name:: UGO

Middle Name::

Family Name:: FRANCESCUTTI

City of Residence:: PONZANO VENETO

State or Province of TREVISO

Residence::

Country of Residence:: ITALY

Street of Mailing VIA CATTANEO 5/A

Address::

City of Mailing Address:: PONZANO VENETO

State or Province of Mailing Address:: TREVISO

Country of Mailing Address:: ITALY

Postal or Zip Code of Mailing Address:: 31050

Correspondence	Informat	cion
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Correspondence Customer 24,252

Number::

Name:: OSRAM SYLVANIA

Street of Mailing Address:: 100 Endicott Street

City of Mailing Address:: Danvers

State or Province of Mailing Massachusetts

Address::

Country of Mailing Address:: United States

Postal or Zip Code of Mailing 01923

Address:::

Phone Number:: 978-777-1900

Fax Number::

E-Mail Address::

Representative Information

Representative Customer	24,252
Number::	

Domestic Priority Information

Application::	Continuity	Parent	Parent Filing
	Type::	Application::	Date::

Foreign Priority Information

Country::	Application	Filing Date::	Priority
	Number::		Claimed::
GERMANY	102 57 908.3	12/11/02	Yes

Assignment Information

Assignee Name:: PATENT-TREUHAND-GESELLSCHAFT

FÜR ELEKTRISCH GLÜHLAMPEN MBH

Street of Mailing Address:: Hellabrunner Str. 1

City of Mailing Address:: MÜNCHEN

State or Province of Mailing Address::

Country of Mailing Address:: GERMANY

Postal or Zip Code of Mailing Address:: 81543